

# APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

TYPE OF APPLICATION/PERMIT (See Instructions)				ACCOUNTING CODE: 574832 / 502702 / 02202	
<input type="checkbox"/> Project Permit	<input type="checkbox"/> Project Permit Revision	<input type="checkbox"/> Courtesy Notification (NESHAP)	<input type="checkbox"/> Annual Permit		
<input checked="" type="checkbox"/> NESHAP Notification	<input type="checkbox"/> NESHAP Notification Revision	<input type="checkbox"/> Annual Permit Amendment	<input type="checkbox"/> Annual Permit w/Contractor		
TYPE OF NOTIFICATION					
<input type="checkbox"/> Renovation (R)	<input type="checkbox"/> NESHAP Demo/Reno	<input type="checkbox"/> Ordered Demolition (O)	<input type="checkbox"/> Transport (T)		
<input checked="" type="checkbox"/> Demolition (M)	<input type="checkbox"/> Courtesy (C)	<input type="checkbox"/> Emergency Renovation (E)	<input type="checkbox"/> Disposal (D)		
<input type="checkbox"/> Annual	(For Annual Permit Holders) Annual Permit MTF				

ASBESTOS PROJECT CONTRACTOR (Operator)					
<b>Montana Department of Transportation</b>					
<i>Asbestos Project Contractor, Individual or Company Name</i>					
<b>PO Box 201001</b>	<b>Helena</b>	<b>Lewis &amp; Clark</b>	<b>MT</b>	<b>59620-1001</b>	
<i>Mailing Address</i>		<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
<b>406-444-6387</b>	<b>406-444-7254</b>	<b>Carla Haas, Property Manager</b>			
<i>Telephone Number</i>		<i>Fax Number</i>		<i>Contractor Contact Person (First and Last Name)</i>	
<i>On-Site Project Contractor/Supervisor</i>			<i>Contractor/Supervisor Accreditation Number</i>		<i>Expiration Date</i>

DEMOLITION/RENOVATION CONTRACTOR (Operator)					
<b>[Redacted]</b>					
<i>Demolition/Renovation Contractor, Individual or Company Name</i>					
<b>[Redacted]</b>	<b>[Redacted]</b>	<b>[Redacted]</b>	<b>[Redacted]</b>	<b>[Redacted]</b>	<b>[Redacted]</b>
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
<b>[Redacted]</b>	<b>[Redacted]</b>	<b>[Redacted]</b>			
<i>Telephone Number</i>		<i>Fax Number</i>		<i>Contractor Contact Person (First and Last Name)</i>	

SITE INFORMATION									
<b>Beebe Quonset</b>									
<i>Building Name / Site</i>									
<b>8039 US Highway 287, south of Townsend</b>					<b>Townsend</b>	<b>MT</b>	<b>59644</b>	<b>Broadwater</b>	
<i>Location Address</i>					<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>	
<i>Site Telephone Number</i>			<i>Location Contact Person (First and Last Name)</i>						
<b>1,600 sq ft</b>	<b>1</b>	<b>28</b>			<b>6N</b>	<b>2E</b>	<b>17</b>		
<i>Building Size (sq. ft.)</i>	<i>Number of Floors</i>	<i>Age of Site in Years</i>	<i>Latitude</i>	<i>Longitude</i>	<i>Township</i>	<i>Range</i>	<i>Section</i>		

SITE/BUILDING OWNER					
<b>Montana Department of Transportation</b>					
<i>Owner Name</i>					
<b>PO Box 201001</b>	<b>Helena</b>	<b>MT</b>	<b>59620-1001</b>	<b>Lewis &amp; Clark</b>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
<b>406-444-6387</b>	<b>Carla Haas</b>				
<i>Telephone Number</i>		<i>Contractor Contact Person for Owner (First and Last Name)</i>			

LOCATION PRESENT USE*											
* <u>C</u> ommercial ~ <u>H</u> ospital ~ <u>I</u> ndustrial ~ <u>M</u> iscellaneous ~ <u>O</u> ffice ~ <u>P</u> ublic Building <u>R</u> esidence ~ <u>S</u> chool ~ <u>S</u> hip/Boat ~ <u>U</u> niversity/College ~ <u>V</u> acant											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input checked="" type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	
LOCATION PRIOR USE*											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input checked="" type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V	

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION		
<b>Is Asbestos Present?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Date of Inspection:</b> 1/5/10
<b>Pat Driscoll</b>	<b>MTA 3180</b>	<b>11/20/10</b>
<i>Printed Name of Inspector Who Performed Inspection</i>		<i>Accreditation Number</i>
<i>Expiration Date</i>		

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL									
Amount & Measurement		Type of RACM to be Abated (See Instructions)				Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be abated	
	Amount	Measurement			Type	CAT I	CAT II	CAT 1	CAT II
Material No. 1		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 2		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 3		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 4		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 5		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 6		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 7		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 8		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 9		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 10		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					

SCHEDULED DATES FOR ASBESTOS ABATEMENT		SCHEDULED DATES FOR DEMOLITION/RENOVATION	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)	Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)
N/A		[REDACTED]	[REDACTED]

**PROJECT DESIGN INFORMATION**

---

Print First and Last Name of Project Designer (PD) \_\_\_\_\_ (Accreditation Number/Exp. Date) \_\_\_\_\_

RACM WASTE TRANSPORTER	<input type="checkbox"/> Check if same as Abatement Contractor
<p><b>N/A Not RACM waste</b></p> <p>Contractor, Individual or Company Name _____</p> <p>Mailing Address _____ City _____ State _____ Zip _____ County _____</p> <p>Telephone Number _____ Fax Number _____ Contractor Contact Person (First and Last Name) _____</p>	

**RACM WASTE DISPOSAL SITE**

<input type="checkbox"/> Allied Waste Systems of Montana Missoula Landfill <input type="checkbox"/> Butte Silver Bow Government Landfill <input type="checkbox"/> City of Billings Solid Waste Division Landfill <input type="checkbox"/> City of Hardin Class II Landfill <input type="checkbox"/> City of Malta Landfill <input type="checkbox"/> City of Shelby Landfill <input type="checkbox"/> Coral Creek Landfill <input type="checkbox"/> Daniels County Commissions Scobey Landfill <input type="checkbox"/> Flathead County Solid Waste District Kalispell Landfill <input type="checkbox"/> High Plains Sanitary Landfill Site 1 - Great Falls/Floweree	<input type="checkbox"/> Libby Class II Landfill <input type="checkbox"/> Miles City Area Solid Waste Dist Landfill <input type="checkbox"/> Northern MT Joint Refuse Disposal Dist Conrad Landfill <input type="checkbox"/> Park County Refuse Disposal Dist Livingston Landfill <input type="checkbox"/> Richland County Solid Waste Dist Sidney Landfill <input type="checkbox"/> Sheridan County Solid Waste Dist Plentywood Landfill <input type="checkbox"/> Valley County Refuse Dist 1 Glasgow Landfill <input type="checkbox"/> Valleyview Class II CCSS Helena Landfill <input type="checkbox"/> Other: _____
--	---

**THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS**

I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. This Notice must be submitted to the Department at least 10 working days prior to the start of work.

[REDACTED] \_\_\_\_\_ [REDACTED] \_\_\_\_\_

Date

**THIS SECTION APPLIES TO ASBESTOS PROJECTS**

I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.

\_\_\_\_\_

Date

**FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355**

☐ A1. Project design with sketch. -- OR --  
☐ A2. See Contractor Standard Operating Procedure dated \_\_\_\_\_. Project specific sketch, workers, and variance request attached.  
☐ B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.  
☐ C. Copy of the contract showing the contract dollar amount for asbestos abatement.  
☐ D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.

x 10% = _____			
Actual Contract Volume	Fee Amount Enclosed	Check No.	DEPOSIT LOG NO.

**Mail completed form and fee to:** MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901

*Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.*

**FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION**

**Date of Emergency** \_\_\_\_\_

(Start Date) \_\_\_\_\_ (Complete Date) \_\_\_\_\_

**Description of the sudden, unexpected event.** \_\_\_\_\_

Contractor to stop work immediately and call MDT Environmental (444-7647 or 444-7223) for assistance

**IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER**

